

Good Faith Estimate

Under Section 2799B-6 of the Public Health Service Act, also known as the No Surprises Act, all health care providers (including psychologists, social workers, and counselors) are required to provide a Good Faith Estimate of the cost of services to all individuals who do not have health insurance, are uninsured, or who are not using their health insurance. The Centers for Family Change will email you your Good Faith Estimate. These estimates are done yearly, but can be updated sooner if costs of services are expected to change, for instance you increase the frequency of therapy sessions.

More information regarding Good Faith Estimates are detailed in the Good Faith Estimate Form that you will receive and are also available on the Centers for Medicare and Medicaid Services website:

<https://www.cms.gov/medical-bill-rights/help/guides/good-faith-estimate>

Please note that under this Act you have the following rights:

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This does not include nonmedical fees such as late cancellations. Please note that Good Faith Estimates are done on a yearly basis.
- You can request a Good Faith Estimate before you schedule services. In addition, your Centers for Family Change therapist will inform you of the cost of your initial visit prior to that visit. Typically, the Centers for Family Change provides your Good Faith Estimate after your initial visit because this gives you and your therapist the opportunity to determine the frequency of sessions and clarify what our services are likely to cost you.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. You may contact your therapist or Centers for Family Change regarding this matter and you may also initiate a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. *There is a \$25 fee to use the dispute process.* If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises.
- A Good Faith Estimate is not a contract and does not require that you utilize the services detailed in Good Faith Estimate.